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Bib Data Sheet

CONFIRMATION NO. 6488

|  |   |                                |   |  |
|--|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/758,794   | <b>FILING OR 371(c) DATE</b><br>01/16/2004<br><b>RULE</b>   | <b>CLASS</b><br>554            | <b>GROUP ART UNIT</b><br>1621   | <b>ATTORNEY DOCKET NO.</b><br>1256-00936 |
| <b>APPLICANTS</b><br>Hector F. DeLuca, Deerfield, WI;<br>Margaret Clagett-Dame, Deerfield, WI;<br>Margaret A. Highland, Madison, WI;   |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/440,779 01/17/2003  |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 04/20/2004  |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>WI  | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>36                |
| Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials   |   | <b>INDEPENDENT CLAIMS</b><br>3 |   |  |
| <b>ADDRESS</b><br>26753  |   |                                |   |  |
| <b>TITLE</b><br>Method of reducing toxicity of retinoids   |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>594  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |